Check–In: LARGE ANIMAL Date: \_\_\_\_\_\_\_\_\_\_\_\_

Client Information

Account holder:

Address:

Home phone:

Work phone:

Cell phone:

Email:

Employer:

Spouse/Other:

Spouse work phone:

Spouse cell phone:

Spouse email:

Spouse employer:

Children:

Emergency phone:

Emergency contact:

Patient Information

Name:

Species:

Breed:

Color:

DOB/Age:

Sex:

Weight:

Allergy:

Directions

Authorization Current Balance: $

❑ I certify that the above information is current and correct.

❑ I understand that I am financially responsible for all charges.

❑ I intend to pay today via: ❑ Cash  ❑ Check  ❑ Credit Card  ❑ Debit Card  ❑ Money Order  ❑ Care Credit

❑ I understand that a 1.5% billing fee (minimum of $3.00) is assessed to all overdue accounts after 30 days.

Signature:   ❑ Account holder  ❑ Spouse/Other  ❑ Child